

INTEGRATED ILLINOIS HIV PLANNING GROUP (ILHPG)/RYAN WHITE PART B ADVISORY GROUP NEWSLETTER

Newsletter 18

Summer 2017

EVENTS

UPDATES FROM THE CO-CHAIRS

CALENDAR OF EVENTS

June 27: National
HIV Testing Day

August 24: ILHPG/
RW Advisory Group
Integrated Meeting—
Springfield (Illinois
Department of
Natural Resources
Building), 11am-4pm

August 25: ILHPG
Meeting—Springfield
(IDNR), 8:45am-1pm

September 18:
National HIV/AIDS
and Aging Awareness
Day

September 27:
National Gay Men's
HIV/AIDS Awareness
Day

*Please visit
[www.ilhpg.org/
webinar](http://www.ilhpg.org/webinar) for more
information on
upcoming ILHPG/
Integrated meetings.*

Hello, everyone!

On behalf of myself, Lexie Arjona, the Illinois HIV Planning Group (ILHPG) Community Co-chair, and Jeffrey Maras, the Integrated Planning Group Co-chair, I would like to thank everyone for your participation in all of our HIV planning meetings and trainings. Without valuable and needed input from the community, our integrated planning processes would not be possible. Community input is especially important this year as we continue to plan for the transition to one fully integrated HIV prevention and care planning group by the end of this calendar year.

I would also like to thank the leadership of both the ILHPG and the Integrated Planning Group who have been instrumental this year in guiding and keeping us on track with planning for the new integrated group while still conducting the activities needed to meet our objectives and fulfill the roles and expectations for HIV prevention and care planning/advisory bodies. It has certainly been a busy year but we have remained efficient and productive. That is something for which we should all be very proud!



Submitted by Janet Nuss, HIV Planning Coordinator, ILHPG
Co-chair, Integrated Planning Steering Committee Co-chair,
Illinois Department of Public Health

ILHPG AND INTEGRATED PLANNING GROUP UPDATES

ILHPG

Thanks to all ILHPG members and community stakeholders who attended the May 12, 2017 ILHPG webinar meeting. The webinar slides and other meeting handouts can be found at http://ilhpg.org/docs_051217. 35 ILHPG voting and non-voting members and 12 community representatives participated in the webinar. We certainly appreciate the community's interest in our planning meetings and value the discussion and input received from HIV stakeholders.

The presentations, discussion, and votes at the May meeting were the culmination of months of hard work from the ILHPG Epidemiologic Profile/Needs Assessment (Epi/NA) and the ILHPG Interventions and Services (I/S) Committees. The Epi/NA Committee presented and facilitated group discussion on its recommended updates to the priority populations for targeted prevention services for 2018, based on the analysis of 2011-2015 Illinois HIV incidence, prevalence, and late diagnosis data, and various social-determinant data for the risk group populations. The Epi/NA Committee also presented its recommendations for minor changes to the risk group definitions to enable IDPH, with its limited federal prevention funds, to focus its targeted testing on those defined as at highest risk for HIV infection.

The I/S Committee presented recommended changes to the Prevention Interventions and Services Guidance for 2018 to the full ILHPG. These updates were determined in consultation with Dr. Charles Collins at the Centers for Disease Control and Prevention (CDC) and with several months of vetting within the committee. The updated guidance should enable lead agents and service providers to provide only approved, cost-effective, and behaviorally-effective HIV prevention strategies and interventions that are in alignment with the High Impact Prevention (HIP) approach.

Motions were made to accept the updated recommendations presented by the Epi/NA and I/S Committees and after discussion, all motions were passed. The documents will be finalized for distribution to ILHPG membership, prevention lead agents, and all grant monitors.

INTEGRATED PLANNING GROUP

We have conducted two productive Integrated Planning Group webinar meetings since our last newsletter was distributed. These meetings are vitally important to our ability to meet HIV planning group objectives while informing, engaging, and seeking input from our membership/stakeholder community in discussions about issues relevant to HIV in Illinois.

On the April 14th webinar meeting, Janet Nuss and Jeffrey Maras, the IDPH Co-chairs of the group, provided a detailed summary of the draft bylaws for the new Illinois HIV Integrated Planning Council (IHIPC) and an overview of proposed procedures related to the structure and functions of the IHIPC and its committees, targeted membership composition, roles and responsibilities of members, and plans for new member recruitment and selection. The Integrated Planning Steering Committee 2 has been working on development of these documents since the first of the year. The committee intends to have draft documents ready for online posting and public comment by mid-May.

Jeff Maras also provided an overview of IDPH's 2017 Ryan White Part B HIV Care and Treatment Grant Application and budget, demonstrating how the program's resources and activities were in

(Continued on page 3)

ILHPG AND INTEGRATED PLANNING GROUP UPDATES

(Continued from page 2)

alignment with the priorities identified and approved in the *Illinois Integrated Plan for HIV Prevention and Care: 2017-2021*. Jeff also presented graphs that depicted how the grant funding would be distributed within the Core and Supportive Services categories, as mandated by the Health Resources and Services Administration (HRSA), the federal funding source for the Ryan White grant.

The April meeting ended with a presentation on the Chicago Area HIV Integrated Services Council (CAHISC) from Cynthia Tucker, the CAHISC Liaison to the ILHPG, and Peter McLoyd, an ILHPG Member and current CAHISC Community Co-chair. Cynthia and Peter spoke about Chicago's transition from three separate planning bodies to CAHISC, an integrated planning council, and its current planning/ membership processes. Various challenges faced throughout the process were discussed and presented as lessons learned that could possibly enlighten or guide our current IHIPC planning. It was interesting to hear that the mission of CAHISC, the structure and function of its standing committees, and the composition and expectations of its membership were very similar to what the Integrated Planning Steering Committee 2 is recommending for the IHIPC.

On the May 11th webinar meeting, the Integrated Planning Group concluded its series of regional community services assessment by having the HIV Care and Prevention lead agents for Region 2 present on HIV epidemic trends, HIV prevention, care and related issues and challenges faced by the region, and any efforts implemented or collaborations initiated to address the issues. Despite identifying some weaknesses in the region related to retention in care and viral suppression, Region 2 care and prevention programs have collaborated and partnered with other community entities to address some of these challenges. Region 2 has been very successful, for example, in implementing HIV Pre-exposure Prophylaxis (PrEP) clinics throughout the region.

Marleigh Voigtman, HIV Community Planning Intern, provided a brief overview of the 2017 Illinois HIV Care/Prevention Resource Inventory. The 2017 update should be viewed as a current snapshot of IDPH HIV grants and contracts, including its federal awards for HIV Care and Prevention, Illinois Special Fund awards, expected GRF awards, and all grantees and sub-grantees in conjunction with said awards.

The IDPH HIV Prevention and Care Program Administrators presented assessments and geo-mapping of the FFY2016 delivered services, demonstrating that services had been delivered as proposed in the federal grant applications and in alignment with federal guidelines and the priorities identified in the Integrated Plan. Curt Hicks, the Prevention Administrator, recognized that 2016 was a very difficult year for prevention providers because so much of their funding is reliant on Illinois General Revenue funds. Because of the state budget impasse, HIV prevention service delivery significantly declined from 2015 to 2016 and agency reimbursements were delayed. Despite these challenges, Curt emphasized that each service delivered in 2016 was a triumph for providers and clients and that providers should celebrate their perseverance. The webinar slides and other related handouts for the above referenced meetings can be found at the following links:

http://ilhpg.org/docs_041417

http://ilhpg.org/docs_051117

Submitted by Janet Nuss, HIV Planning Coordinator, ILHPG Co-chair, Integrated Planning Steering Committee Co-chair, Illinois Department of Public Health

GAP ANALYSIS OF ROUTINE HIV TESTING AMONG ILLINOIS MEDICAID PROVIDERS

National Alliance of State and Territorial AIDS Directors (NASTAD)

This article was originally featured in NASTAD's March News Release as a "Ready to End the Epidemics Chair's Challenge Success Story". Excerpts are listed here. The original article (including maps used for the analysis) can be found at the following link: https://www.nastad.org/sites/default/files/illinois_medicaid_routine_testing_gap_analysis.pdf



Data Collection & Analysis

In June 2016, the Illinois Department of Public Health (IDPH) conducted a gap analysis of routine HIV testing delivered by Medicaid providers in the state. The gap analysis sought to identify areas impacted by HIV where Medicaid providers had not delivered HIV testing services in the previous six months. Using provider-level data from the state's Medicaid claims database, IDPH generated a map comparing the zip code of the service delivery site to the distribution of HIV prevalence and incidence across the state.

To develop the gap analysis, IDPH requested a list of health care providers from the state's Medicaid claims database indicating whether the provider had submitted Current Procedural Terminology (CPT) codes for routine HIV testing. The Illinois Department of Healthcare and Family Services (DHFS) provided the list, which identified approximately 1,940 providers who had submitted claims for HIV testing services between January 1 and June 30, 2016.

The list of Medicaid providers included information on the city, state, and zip code where the service was delivered. It included multiple types of providers, including: hospitals, federally qualified community health centers (FQHCs), primary care physician offices, and specialty provider group clinics. IDPH cleaned and imported the list of providers into ArcGIS to identify the number of clinical sites conducting testing by zip code. Providers that were located outside of the state were excluded from the analysis.

To compare this service-provision data to the distribution of the epidemic, IDPH imported zip code data points for newly diagnosed HIV cases by residence at time of diagnosis into ArcGIS. An additional map comparing the provider sites by county to the HIV prevalent cases based on current county of residence was also developed. The maps used geo-mapping techniques that strengthened the accuracy of the data analysis by estimating the distance to the nearest provider across zip code boundaries.

Data-Driven Provider Engagement

In October 2016, the health department released a request for proposals for a new capacity-building project seeking to increase the number of clinical providers delivering routine HIV testing in the areas identified in the gap analysis. The program educates and conducts academic detailing for providers who have already contracted with Medicaid plans to increase their routine HIV testing efforts. It also provides education and training on billing-related topics such as credentialing and contracting with Medicaid and Medicare, support for the

(Continued on page 5)

GAP ANALYSIS OF ROUTINE HIV TESTING AMONG ILLINOIS MEDICAID PROVIDERS

National Alliance of State and Territorial AIDS Directors (NASTAD)

(Continued from page 4)

implementation of electronic health records systems (EHR), and revenue cycle management systems for HIV community providers poised to bill third party payers with additional capacity. Instead of using a traditional grant structure, the program gives incentive payments to providers that meet key goals such as HIV treatment initiation, linkage to partner services, and timely data reporting, among others.

Outcomes

The results of the analysis helped the health department identify 30 high priority areas and target its capacity building activities for Medicaid providers who serve over 1.3 million Illinoisans indicated for routine HIV testing.

Data

Overlaying the three data sets, IDPH identified the 30 most populous cities and counties in the state that have been heavily impacted by the epidemic and that have Medicaid providers not conducting routine HIV testing services.

Evaluation

The gap analysis has not undergone formal evaluation. The capacity-building project includes an external evaluator, and Medicaid providers receiving capacity-building assistance for the routine testing project will submit data for further review and analysis.

Funding & Cost

IDPH staff conducted the gap analysis in approximately 30 staff hours and no other costs were associated with conducting the analysis. IDPH had already acquired a license to ArcGIS for other geospatial mapping analyses. The routine HIV testing program is funded through state revenue funds and through the health department's PS12- 1201 cooperative agreement with the Centers for Disease Control and Prevention (CDC). IDPH developed the funding mechanism for the project using a fee-for-service model that also includes incentive payments for the grantee, based on the program's outcomes.

Strengths and Limitations

The gap analysis was a relatively inexpensive process that informed the health department's efforts to reduce gaps in routine HIV testing services across the state. The use of claims data for the analysis increased IDPH's understanding of the distribution of the services that Medicaid providers are delivering across the state.

IDPH is exploring an expanded version of the gap analysis that enables the health department to monitor the impact of the project over time across providers that received capacity-building assistance. The health department is also considering whether to include data points to analyze the volume of tests conducted by each provider and including coding algorithms to evaluate the distribution of other services, including PrEP prescriptions and Hepatitis C screenings, in addition to HIV testing.

Submitted by Jamie Gates, HIV Counseling and Testing Coordinator, and Curt Hicks, HIV Prevention Administrator, Illinois Department of Public Health

HIV FACTSHEET OVERVIEW: ILLINOIS HIV/AIDS HOSPITALIZATIONS

The following information is derived from the newly released Illinois HIV Factsheet “HIV/AIDS Hospitalizations”. The full factsheet, which was composed by CDC Epidemiology Field Officer Livia Navon, is available for viewing at <http://dph.illinois.gov/diseases-and-conditions/HIV-Factsheets>.

Improved medication regimens have led to better quality of life and increased longevity for people living with HIV disease (PLWH). However, PLWH continue to experience opportunistic infections, cancer, and other consequences of living with untreated disease. For PLWH on treatment, long-term antiretroviral therapy can lead to side effects. With more than one third of PLWH in the U.S. over the age of 50 years, aging-associated illnesses such as cardiovascular disease, arthritis and diabetes are now part of the experience for many PLWH.

Hospital discharge data allow us to understand the more severe health experiences of PLWHA. Hospitals use diagnostic codes to indicate the reasons for a patient's hospitalization. The primary diagnosis code is used to indicate the main reason for hospitalization. If a patient is admitted to the hospital for the treatment of an HIV-related illness, the primary diagnosis code will be for HIV, and the hospitalization is considered a primary HIV hospitalization. If a PLWHA is admitted for treatment of an unrelated condition, the unrelated condition is listed as the primary diagnosis. Additional diagnostic codes indicate that the patient is living with HIV disease. These types of hospitalizations are considered secondary HIV hospitalizations.

The data below identifies current rates and trends in hospitalizations of PLWH in Illinois:

- In 2014, the overall rate of hospitalizations of PLWH in Illinois (primary and secondary HIV hospitalizations combined) was 255 per 1,000 population. The overall U.S hospitalization rate was 116 per 1,000 population in 2012.
- From 2008-2014, rates of hospitalization among PLWH decreased 48% for primary HIV hospitalization and 26% for secondary HIV hospitalizations.
- The average number of diagnosis per hospitalized HIV-positive patient increased from 9.2 in 2008 to 12.1 in 2014. This increase is most likely attributed to aging-associated illnesses among older PLWH.
- HIV hospitalizations declined among all age groups from 2008-2014. In 2014, the age group with the highest rate of HIV hospitalizations was people aged 25-44 years (39.3 hospitalizations per 1,000 PWLH).
- Although HIV hospitalization rates also declined among all race/ethnicity groups from 2008-2014, the rate of hospitalizations among black PLWH was over double that hospitalization rates of white PLWH and Hispanic PLWH in 2014.
- Like trends in age and race/ethnicity, rates of hospitalizations among PLWH declined for both males and females. The rate of HIV hospitalizations among female PLWH, however, has been historically greater than that of male PLWH (52.4 per 1000 and 33.3 per 1,000 for females and males, respectively, in 2014).

More information on hospitalization billing, discharge outcomes, and average length of hospitalization, and most common primary and secondary diagnoses among PLWH are available in the full factsheet (see above link).

Submitted by Marleigh Voigtmann, IDPH, HIV Community Planning Intern

SURVEILLANCE-BASED SERVICES UPDATE

HIV Surveillance-Based Services (SBS) use HIV Surveillance and HIV Care records to identify people living with HIV (PLWH) who likely have unmet needs for HIV treatment, partner services, and/or risk reduction interventions and to refer them to local providers for services.

From its inception in late 2012 through the end of 2016, Illinois SBS providers have documented reaching and engaging 162 PLWH into HIV medical care. In the IDPH Care and Prevention in the U.S. (CAPUS) project, years one-four, providers engaged 43 PLWH into care and documented this before closing the case. However, 48 people who were located, contacted, and agreed to services were **not** documented as treatment-engaged by the SBS provider before they closed the case. In December, 2016, the Surveillance Unit determined the outcomes of these 48 *apparently* unengaged clients as follows:

Already in Care	8	(17%)
Engaged into Care	28	(58%)
Still Not in Care	12	(25%)

At the close of the project period, Illinois Enhanced HIV/AIDS Reporting System (eHARS) case investigations showed that 17 percent of the “contacted but not engaged” group had already been in care *before* the case was assigned. This in-care status documentation was not in eHARS when the case was queried, but it was by December 2016. Perhaps *after* the case was referred, a physician sent in a late case report. Perhaps an unfamiliar lab code was decoded late and imported into eHARS after the case was referred. Whatever the reason for the delayed information, it’s good to know these patients were in care.

58 percent of the “contacted but not engaged” clients were successfully engaged in treatment *after* the case was closed for SBS purposes. The delay from case closure to linkage ranged from 15 days to 664 days, two weeks to nearly two years later. No doubt some of these cases would have linked up on their own without the SBS contact. But just possibly, the contact and its discussions though not *immediately* successful, planted a seed that eventually motivated the client to follow up on the referrals offered. It’s wonderful to know that the majority of those contacted with uncertain outcomes did eventually make it to care. This is an important outcome to share with SBS providers who may experience disappointment when their best efforts in this challenging work do not appear to generate the hoped-for outcome. It’s also an important message to share with new trainees, so they realize that today’s resistant client will more likely than not become tomorrow’s engaged patient even if they don’t have the satisfaction of personally seeing it occur.

Only a quarter of those “contacted but not engaged” clients remained out of care per eHARS. That’s a far better outcome than the SBS outcome documentation alone suggested. After a contacted client refuses service or fails to engage in care, our current protocol is to wait a year and refer again if the case still appears to be out of care. So perhaps even some of these cases will make it to care eventually.

Submitted by Curt Hicks, HIV Prevention Administrator, Illinois Department of Public Health

NIH STATEMENT ON HIV VACCINE AWARENESS DAY: MAY 18, 2017

By Anthony Fauci, M.D., and Carl W Dieffenbach, Ph. D.

This article was originally featured on the National Institutes of Health (NIH) website. The original article can be viewed at the following link: <https://www.nih.gov/news-events/news-releases/nih-statement-hiv-vaccine-awareness-day-2017>. This year marks the 20th Anniversary of HIV Vaccine Awareness Day.

Much progress has been made in HIV/AIDS research since the disease was first recognized in 1981. Today, lifesaving antiretroviral therapies allow those living with HIV to enjoy longer, healthier lives — an outcome that once seemed unattainable. Research supported by the National Institute of Allergy and Infectious Diseases (NIAID), part of the National Institutes of Health (NIH), has proven that when antiretroviral therapy durably keeps HIV at undetectable levels, the risk that the treated individual will sexually transmit the virus to an HIV-negative partner is negligible. When implemented in communities, treatment as prevention is remarkably successful at preventing the spread of HIV infection. Pre-exposure prophylaxis, or PrEP, is another prevention strategy in which HIV-negative people take one pill a day to reduce their risk of acquiring the virus. This intervention is highly effective when individuals adhere to the drug regimen.



National Institutes
of Health

While these and other prevention tools have the power to dramatically decrease the incidence of HIV infection, a safe and effective vaccine would be transformative. More than two million new HIV infections occurred worldwide in 2015 alone, and this rate of infection has declined only slightly since 2010. A new National Institutes of Health-funded [modeling study](#) suggests that a 50-percent effective preventative vaccine could reduce the number of people living with HIV by 36 percent globally over a period of 15 years. Together with the other medical and behavioral prevention modalities that have been proven to decrease the risk of acquiring HIV, a vaccine could change the epidemic's trajectory, dramatically reducing the number of people who become infected with HIV.

Developing a safe and effective HIV vaccine is one of the most formidable challenges facing scientists today. HIV mutates rapidly, evading immune responses and thwarting the attempts of scientists to develop an effective vaccine. Only a minority of individuals living with HIV develop broadly neutralizing antibodies, a powerful type of antibody that can fight an array of HIV strains by binding to key sites on the virus. In those individuals who do develop such antibodies, they generally appear only after several years of infection, when the virus has already gained a strong foothold in the body.

Despite these challenges, scientists are working to develop a vaccine that may reduce the spread of HIV. On World AIDS Day 2016, NIAID and its partners launched [HVTN 702](#), a

(Continued on page 9)

NIH STATEMENT ON HIV VACCINE AWARENESS DAY: MAY 18, 2017

By Anthony Fauci, M.D., and Carl W Dieffenbach, Ph. D.

(Continued from page 8)

phase 2b/3 HIV vaccine efficacy trial. This trial is the first HIV vaccine efficacy study to launch in 7 years, and is currently enrolling 5,400 men and women in South Africa between the ages of 18 and 35. This study will test an experimental vaccine regimen to see if it can extend and amplify the modest success of the vaccine candidate tested in RV144, a clinical trial in Thailand that showed a modest degree of efficacy in 2009.

Another component of the HIV vaccine research effort focuses on inducing the immune system to make the kind of broadly neutralizing antibodies that may protect people from HIV. The [NIAID Vaccine Research Center](#) and several NIAID grantees are at the vanguard of this effort.

Two multinational clinical trials testing an investigational anti-HIV broadly neutralizing antibody for preventing HIV infection began last year. Known as the [AMP Studies](#), for antibody-mediated prevention, the trials will test whether giving people a broadly neutralizing HIV antibody as an intravenous infusion every 8 weeks is safe, tolerable and effective at preventing HIV infection among the study participants. With a projected enrollment of 4,200 men and women across three continents, the trials are designed to answer fundamental scientific questions for the fields of HIV prevention and vaccine research.

While the pursuit of a safe and effective HIV vaccine is challenging, this prevention strategy holds lifesaving potential and is NIAID's highest priority for AIDS research. On this HIV Vaccine Awareness Day, we recognize and thank the thousands of HIV vaccine clinical trial volunteers, researchers, health professionals, activists and others who work together with us toward this goal.

NIAID conducts and supports research — at NIH, throughout the United States, and worldwide — to study the causes of infectious and immune-mediated diseases, and to develop better means of preventing, diagnosing and treating these illnesses. News releases, fact sheets and other NIAID-related materials are available on the [NIAID website](#).

Submitted by Janet
Nuss, Illinois
Department of Public
Health, HIV
Community Planning
Coordinator



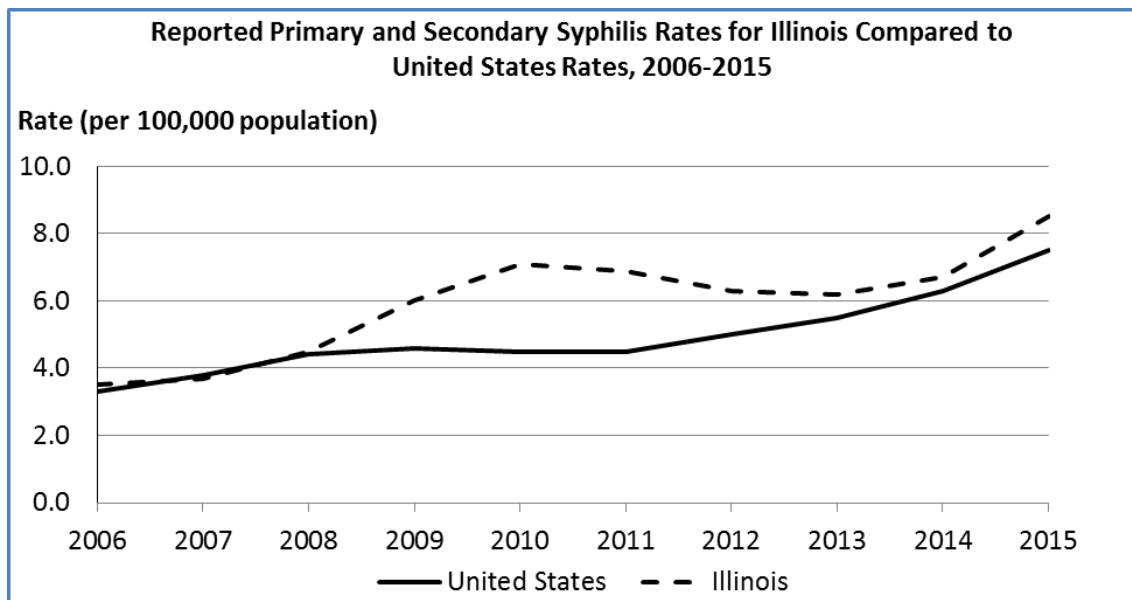
INCREASING EARLY SYPHILIS CASES IN ILLINOIS

This article is Part 1 of a three– part series on Syphilis provided by the IDPH STD Section. Please see future newsletters for Part 2 (Syphilis Staging and Treatment) and Part 3 (Syphilis Labs and Interpretation) of the series.

From CDC: “The rise in syphilis requires awareness, attention, and action. We’ve come out on top in the battle against syphilis before, and together we can do it again.”

DATA AND POPULATIONS AT RISK

Early syphilis infections continue to rise. Early syphilis is defined by the stages of primary, secondary, and early latent. Once nearing elimination, national data find that syphilis is thriving. This sexually transmitted infection (STI) has reached a critical high two years in a row according to Centers for Disease Control and Prevention (CDC). The current number and rate of cases are higher than they have been in more than 20 years. In 2015, there were almost 24,000 cases of primary and secondary (P&S) syphilis (the most infectious stages of syphilis) reported in the U.S. which was a 19% overall increase since 2014. This rise in infections makes syphilis a renewed health threat for many. If left untreated, syphilis can cause severe health problems affecting the brain, eyes, heart, and other organs. Having syphilis also makes it easier to acquire and transmit HIV. Syphilis is simple to cure with the right treatment. Rates are on the rise among men, women, newborns, various age groups, all regions in the United States, and almost every race/ethnicity.



Source CDC 2015 STD Surveillance and IDPH STD Section

P & S Syphilis rates nationally have risen among women by 27% from 2014-2015, which has led to an alarming increase in the number and rate of babies born with syphilis (congenital syphilis). Men still account for the majority of P&S syphilis cases (90.3%), and the case rate in men has risen each year since 2000. Men, especially gay, bisexual, and other men who have

(Continued on page 11)

INCREASING EARLY SYPHILIS CASES IN ILLINOIS

(Continued from page 10)

sex with men (MSM), remain the most at risk for syphilis, and data suggest an average of half of MSM with syphilis are also living with HIV.

In addition to the alarming increase in the rate of congenital births, there is a national bicillin shortage, **which is the only treatment for pregnant women infected with syphilis**. With this in mind, it is critical to stage syphilis accurately and treat accordingly. Additional doses to treat early syphilis do not enhance efficacy, including in patients living with HIV infection. Please watch for future reports from IDPH that will cover staging and treatment of syphilis.

In 2015, Illinois ranked 11th by state for (P&S) syphilis cases and Cook County ranked 2nd for all U.S. Counties. In 2016, 2,398 early syphilis cases were reported in Illinois with a rate of 18.7 per 100,000 population. This was a 21% increase from 2015. More alarming is the increase in early syphilis cases over the last five years. In 2012, 1,500 early syphilis cases were reported with a rate of 11.7 per 100,000 population. **This is a 60% increase in early syphilis cases in the last five years.**

CDC Call to Action: Let's Work Together to Stem the Tide of Rising Syphilis in the United States. <https://www.cdc.gov/std/syphilis/syphiliscalltoactionapril2017.pdf>

SCREENING, EMPIRIC TREATMENT, AND PARTNER NOTIFICATION

Due to this substantial increase in early syphilis infections in Illinois, we are asking all medical providers to enhance STI prevention services to your patients. Enhancing STI prevention services to at-risk patients may efficiently address the rise in early syphilis infections and improve the health of our fellow Illinoisans. Please strongly consider integrating the following recommendations into your clinical practice:

- Perform syphilis serologic testing for anyone with signs or symptoms of syphilis (genital/oral/anal ulceration or a generalized rash, often involving both the palms and soles).
- Empirically treat, **without waiting for test results**, any patient who presents with classic features of primary or secondary syphilis OR who has had a sexual exposure to an early syphilis case in the past 90 days.
- Perform syphilis serologic screening for all MSM and HIV-positive patients **at least once annually**, and **every three months** for individuals with ongoing high-risk behaviors. High-risk behaviors include having multiple or anonymous sexual partners, engaging in unprotected intercourse, or having sex in conjunction with illicit drug use.
- Illinois Administrative Code requires syphilis serologic screening to be performed on all pregnant women at the **first** prenatal visit and **during the third trimester of pregnancy**, (410 ILCS 320/ Prenatal Syphilis Act).
- Assess for signs of ocular or other neurologic involvement in **ALL** patients with a syphilis diagnosis. Neurologic involvement may occur during any stage of syphilis and is occurring more frequently.

(Continued on page 12)

INCREASING EARLY SYPHILIS CASES IN ILLINOIS

(Continued from page 11)

- Perform HIV serologic screening for **ALL** patients with a new syphilis diagnosis unless they are already known to be HIV-positive.
- Encourage all patients with early syphilis to notify their sexual partners of the need to seek testing and treatment. Partner Services is a very important strategy to stop the spread of early syphilis.
- Educate patients about syphilis, STD prevention. Syphilis is a reportable disease and the health department will confidentially contact them to provide disease counseling and to elicit partner information.
- Counseling skills, characterized by respect, compassion, and non-judgment, are essential to obtaining a thorough sexual history and to delivering prevention messages effectively.
 - Suggested Resource: CDC's *A Guide to Taking a Sexual Health History* <http://www.cdc.gov/std/treatment/sexualhistory.pdf>
- Offer **PrEP, a PrEP referral, or PrEP educational materials** to patients who are NOT currently infected with HIV but have a syphilis infection. Illinois PrEP resource page: <https://prep4illinois.com/>

REPORT ALL SYPHILIS CASES

Local Health Departments employ confidential means to locate and notify the partners of all early syphilis cases to prevent continued transmission.

- Reporting of all new syphilis cases within seven days of diagnosis to public health is required by law in Illinois. Your timely reporting of new cases is critical to the success of prevention and partner notification efforts.
- STI Morbidity Report Forms should be completed and faxed to your local health department within seven days of disease diagnosis or treatment for presumed syphilis.
- Additional information about disease reporting in Illinois can be found at: <http://dph.illinois.gov/topics-services/diseases-and-conditions/infectious-diseases/stds>

Please help us increase awareness among your patients of this serious statewide rise in early syphilis infections and what they can do to prevent infection. If your patients would like to learn more about syphilis or other STIs and how to prevent them, please refer them to CDC's STD website, <http://www.cdc.gov/std/>.

We appreciate your commitment to maintaining and promoting the health of all Illinoisans. For any questions or assistance please contact the Illinois STD Section at 217-782-2747.

Additional Resources: CDC STD Treatment Guidelines:

<https://www.cdc.gov/std/tg2015/default.htm>

Source CDC STD Awareness Month web page <https://www.cdc.gov/std/sam/index.htm>

Source CDC STD/Syphilis web page <https://www.cdc.gov/std/syphilis/default.htm>

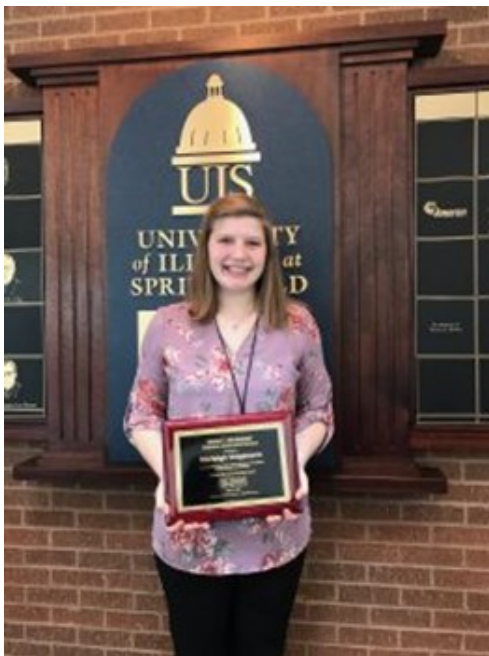
Source CDC 2015 STD Surveillance <https://www.cdc.gov/std/stats15/toc.htm>

Submitted by: Lesli Choat, STD Counseling and Testing Coordinator, Illinois Department of Public Health

2017 INTERN RECOGNITION AWARD RECIPIENT

During the Annual Graduate Public Service Internship (GPSI) Recognition Breakfast held Thursday, April 13, 2017 at the University of Illinois Springfield (UIS), our very own Marleigh Voightmann, who produces this newsletter, was honored as the recipient of the 2017 Brian T. Milbrandt Memorial Intern Award for Academic and Professional Excellence. Marleigh is a graduate student in the Master of Public Health Program at UIS and has been an intern at IDPH in the HIV Section's Community Planning Program since 2015. The internship has allowed Marleigh to gain practical experience in community engagement, strategic planning, and the application of the core competencies of public health.

"In her role as the Community HIV Planning Intern, providing support to two large statewide HIV Planning Groups and contributing greatly to the development and plans for a newly integrated group, Marleigh has excelled and exceeded all my expectations. I have had several interns and supervised many employees throughout my career and I can honestly say that none have become as valuable and integral to my program's operation as Marleigh has. It is amazing to me how the efforts of one particular person can truly make a difference to a program," says Janet Nuss, HIV Community Planning Coordinator. "It has been my extreme pleasure to mentor Marleigh and watch her grown into a knowledgeable, dedicated, and proficient employee who has excelled in every task and assignment she has been given. Through her performance, she has served as a mentor, a role model and an inspiration to me, to other employees, and to the community we serve. I have been proud to have her as an intern and honored to know her and have her as a friend." Congratulations, Marleigh!



Left: Marleigh Voightmann receiving the award.

Above: Marleigh with her internship supervisor, Janet Nuss.

Submitted by Janet Nuss, IDPH HIV Planning Coordinator, Illinois Department of Public Health

NEW HIV INFECTIONS DROP 18 PERCENT IN SIX YEARS

Centers for Disease Control and Prevention

This article was originally posted on the CDC website on February 14. Excerpts are listed here. The original article can be viewed at <https://www.cdc.gov/nchhstp/newsroom/2017/croi-hiv-incidence-press-release.html>

The number of annual HIV infections in the United States fell 18 percent between 2008 and 2014 — from an estimated 45,700 to 37,600 — according to new estimates from the Centers for Disease Control and Prevention (CDC) as presented at the Conference on Retroviruses and Opportunistic Infections (CROI) in Seattle. Progress, however, was not the same among all populations or areas of the country.

“The nation’s new high-impact approach to HIV prevention is working. We have the tools, and we are using them to bring us closer to a future free of HIV,” said Jonathan Mermin, M.D., director of CDC’s National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. “These data reflect the success of collective prevention and treatment efforts at national, state’ and local levels. We must ensure theses interventions reach those who need them most.”

The most recent analysis of the number of new HIV infections estimated to occur each year in the U.S. provides a sign of progress in HIV prevention. In addition to the national decline, a new CDC analysis also examined trends by transmission route from 2008 to 2014 and found annual HIV infections dropped:

- 56 percent among people who inject drugs (from 3,900 to 1,700);
- 36 percent among heterosexuals (from 13,400 to 8,600);
- 18 percent among young gay and bisexual males ages 13 to 24 (from 9,400 to 7,700);
- 18 percent among white gay and bisexual males (from 9,000 to 7,400);
- And substantially in some states including Illinois (down about 4 percent annually)

CDC researchers believe the declines in annual HIV infections are due, in large part, to efforts to increase the number of people living with HIV who know their HIV status and are virally suppressed — meaning their HIV infection is under control through effective treatment. This is a top public health priority. Studies have shown that, in addition to improving the health of people living with HIV, early treatment with antiretroviral medications dramatically reduces a person’s risk of transmitting the virus to others.

Increases in the use of pre-exposure prophylaxis, or PrEP, may also have played a role in preventing new infections in recent years. CDC issued interim clinical guidelines in 2012 for PrEP, a pill that people who do not have HIV can take daily to reduce their risk of infection from sex by more than 90 percent. The FDA approved PrEP for HIV prevention in 2012.

“Maximizing the power of these new prevention tools in conjunction with testing and education efforts, offers the hope of ending the HIV epidemic in this nation,” said Eugene McCray, M.D., director of CDC’s Division of HIV/AIDS Prevention. “Science has shown us the power of HIV treatment medicines in benefitting people with and without HIV.”

(Continued on paged 15)

NEW HIV INFECTIONS DROP 18 PERCENT IN SIX YEARS

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(Continued from page 14)

Progress must accelerate for people at greatest risk

Gay and bisexual men were the only group that did not experience an overall decline in annual HIV infections from 2008 to 2014. This is because reduced infections among whites and the youngest gay and bisexual men were offset by increases in other groups. Annual infections remained stable at about 26,000 per year among gay and bisexual men overall and about 10,000 infections per year among black gay and bisexual men — a hopeful sign after more than a decade of increases in these populations. Concerning trends emerged among gay and bisexual males of certain ages and ethnicities, with annual infections increasing:

- 35 percent among 25- to 34-year-old gay and bisexual males (from 7,200 to 9,700);
- 20 percent among Latino gay and bisexual males (from 6,100 to 7,300);

These data also show regional disparities in southern states, which are home to 37 percent of the U.S. population but accounted for 50 percent of estimated infections in 2014. Future analyses will examine racial and ethnic disparities of annual HIV infections.

“Unfortunately, progress remains uneven across communities and populations,” said Dr. McCray. “High-impact prevention strategies must continue to be developed and implemented at the state and local levels to accelerate progress. That means more testing to diagnose infections, increasing the proportion of people with HIV who are taking HIV treatment effectively, and maximizing the impact of all available prevention tools.”

While HIV infections fell from 2008 to 2014 among people who inject drugs, this progress may be threatened by the nation’s opioid epidemic.

“The opioid epidemic in our country is jeopardizing the dramatic progress we’ve made in reducing HIV among people who inject drugs,” said Dr. Mermin. “We need to expand the reach of comprehensive syringe services programs, which reduce the risk of HIV infection without increasing drug use, and can link people to vital services to help them stop using drugs.”

CDC focuses on high-impact, cost-effective solutions

CDC is working to accelerate prevention progress by implementing its High-Impact Prevention (HIP) approach. HIP involves delivering scientifically proven, cost-effective, and scalable interventions, with particular attention to the most heavily affected populations and geographic areas.

As part of HIP, CDC is taking action with national, state and local partners to help ensure:

- HIV testing is simple, available, and routine;
- People living with HIV get care and treatment, starting the day they are diagnosed;
- And that people who are not infected with HIV have prevention information and tools, such as comprehensive syringe services programs and PrEP, as indicated.

Submitted by Janet Nuss, ILHPG Coordinator and Co-chair, Illinois Department of Public Health

IDPH HIV TRAINING UNIT UPDATES

The HIV section is happy to be offering the following trainings this summer (please note: some training are marked as tentative and are still pending):

Connect (3 days) :

- *Tentative:* August 9-11, Suburbs

Foundations of HIV Prevention (2 days):

- *Tentative:* July 18-19, Suburbs

Healthy Relationships (4 days):

- June 20-24, Champaign

Passport to Partner Services (3 days):

- August 2-4: Springfield

Surveillance Based Services (1 day)

- June 20, Wood River
- *Tentative:* September 26, Peoria

Risk-Targeted Testing (4 days)

(Formerly *Fundamentals of HIV Counseling and Testing*)

- June 6-9, Springfield
- *Tentative:* August 22-25, Peoria



Registration Link for all trainings:

<https://www.regonline.com/calendarNET/EventCalendar.aspx?EventID=11141>

25

Schedule is subject to change.

Submitted by Karen Pendergrass, HIV Training Unit, Illinois Department of Public Health

UPCOMING STD COUNSELOR TRAINING

STD New Counselor Training will be held at the Sangamon County Health Department (2833 South Grand Avenue East, Springfield, IL, 62703) on **September 19-22, 2017**.

If you have questions concerning the training, please contact Lesli Choat in the IDPH STD Program at 217-782-2747.

Submitted by Lesli Choat, STD Counseling and Testing Coordinator, Illinois Department of Public Health

SPRINGFIELD LGBTQ TRAINING



Center presents

LGBTQ: What You Need To Know

Presented By: Jonna J Cooley PhD, Phoenix Center Executive Director

Want to know more, better understand and help your LGBTQ clients, patients, students, customers, and friends? Have questions about what it means to be transgender? Want to know what you can do in your own agency, business, school or office to help? If yes, this is the training for you.

2017 Dates & Locations

April 25 Lincoln Land Community College | Trutter Room

August 2 Phoenix Center | MT Vann Room

November 8 Lincoln Land Community College | Trutter Room

8:30 a.m. - 12:30 p.m.

Check In begins at 8 a.m.

For more information or to register contact Jonna at

217-528-5253 or jcool.phoenix@comcast.net

Training is FREE / \$25 for 4 Continuing Education Credits

Oakton Community College, Alliance for Lifelong Learning, Continuing Education for Health Professionals has been approved as a sponsor of continuing education by the Illinois Department of Financial and Professional Education for the following health professions: **Licensed Social Worker/Licensed Clinical Social Worker, Professional Counselor/Clinical Professional Counselor, Marriage and Family Therapist, Psychologist, Registered Nurse.** Continuing Education credits will be available for the above professions as well as teacher credits from the Illinois State Board of Education and universal credits.

Submitted by Jonna Cooley, Executive Director, Phoenix Center

BLACK AIDS INSTITUTE ANNOUNCES "30 DAYS OF HIV" CAMPAIGN

Black AIDS Institute

This article/ announcement was published by Black AIDS Institute on May 23, 2017. Excerpts are listed here. To view the article and learn more about the campaign, please visit:

<https://www.blackaids.org/news-2017/3067-30-days-of-hiv-overview>

The Black AIDS Institute has announced a national, digital community campaign, "30 Days of HIV," which will kick off on May 27, 2017, and conclude on National HIV Testing Day (NHTD), June 27.

The three core elements of the campaign are an online national community calendar to promote HIV and health-related events serving Black communities; "In the Life," an Instagram storytelling series featuring images of Black, gay, bisexual, transgender, queer (GBTQ) and same-gender-loving (SGL) men that are often erased from the media; and daily actions to mobilize Black communities and those who serve them to end the HIV/AIDS epidemic.



"Even though it is not in the news to the extent it was a few years ago, HIV/AIDS is an ongoing and among some sectors, tragically growing crisis in Black communities," says Phill Wilson, the Institute's President and CEO. "Our house is still on fire and we seem to have become complacent. '30 Days of HIV' is designed to shine a new spotlight on the problem, but more importantly on who we are and what we can do about it, if we focus." According to the Centers for Disease Control (CDC), in 2015, Black Americans accounted for 45 percent of HIV diagnoses, though they comprise just 12 percent of the population. Young, Black gay men are at greatest risk and stand a 50 percent risk of acquiring HIV during their lifetime. Black women represent 60 percent of new infections among women. The "30 Days of HIV" campaign will increase awareness, fight stigma and shine a spotlight on the solutions to curb HIV in Black America.

The national online community calendar will feature HIV and health-related activities in Black communities during the 30 days leading up to NHTD. Organizations that have planned health fairs, HIV-testing, outreach, or other activities during this timeframe are invited to submit the events to pavniatwork@gmail.com for inclusion in the calendar.

Beginning on May 27, the Institute will highlight the resilience of Black LGBTQ and SGL men through the "In The Life" campaign. Each day, the Institute will publish on its Instagram feed

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BLACK AIDS INSTITUTE ANNOUNCES "30 DAYS OF HIV" CAMPAIGN

Black AIDS Institute

(Continued from page 18)

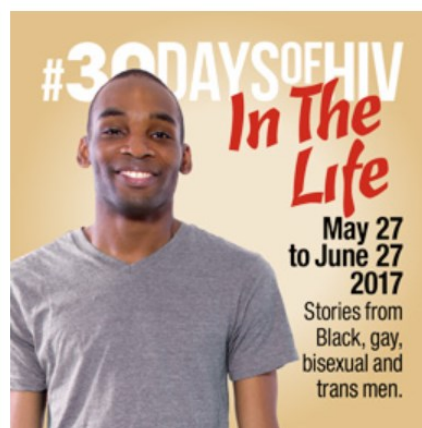
photos and videos featuring the life experiences of Black LGBTQ/SGL men, particularly visual narratives challenging stereotypes, portraying healthy lifestyle choices, and filling in the gaps in the visual imagery of the men's lived experiences.

"It is an opportunity for everyone to see all the facets of what it means to be Black and male in America," says Gerald Garth, the Institute's Manager of Prevention and Care. "While HIV care, prevention, and education are a major part of the Black gay experience, there is so much more. Many of us are artists, thinkers, fathers, husbands. Our lived experiences extend well beyond the scope of HIV."

Black LGBTQ/SGL men who live in the United States are invited to submit two photos or videos less than 60 seconds long, along with a 100-word description of the images, whether a story, poem, narrative or rhyme. Photos, videos, descriptions and Instagram handles should be submitted to pavniatwork@gmail.com. Participants don't have to be living with HIV, and those living with HIV/AIDS can decide whether they mention their HIV status.

Finally, during the "30 Days of HIV," the Institute will publish daily actions via social media to mobilize Black communities to take care of their health and fight HIV/AIDS. Says Garth: "Each day of the month will provide a call to action that explores what it means to be a whole person and an advocate. We'll also encourage people to show what a relationship looks like—all types. The actions are a chance for us to stretch and redefine what it means to be an advocate."

All aspects of the campaign will be housed on www.blackaids.org and promoted daily via multiple social media platforms: Facebook, Twitter, Instagram.



Submitted by Janet Nuss, ILHPG Coordinator and Co-chair, Illinois Department of Public Health

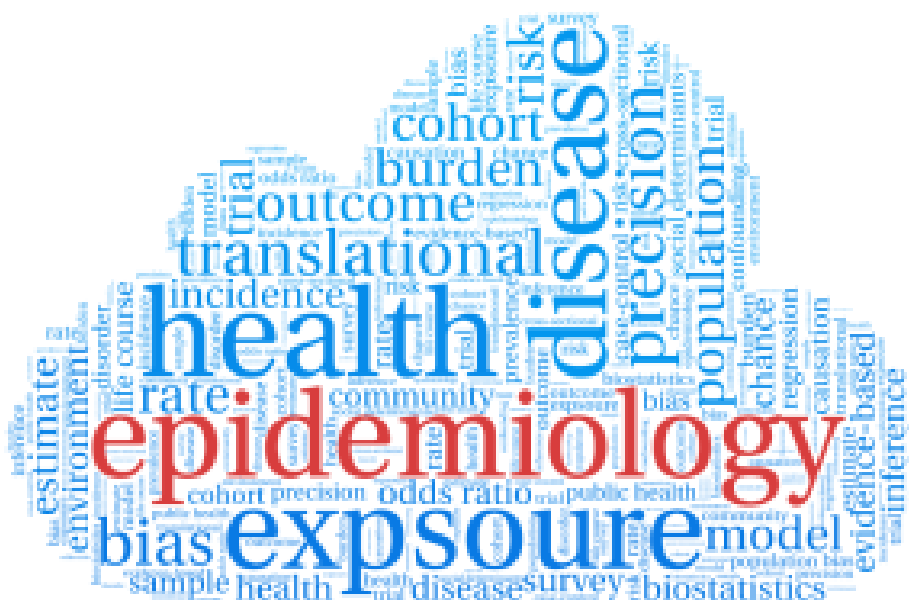
IDPH STAFF PROFILE: PATRICIA MURPHY

Patricia Murphy has joined the Illinois Department of Public Health as the HIV Evaluation Administrator.

Prior to joining IDPH, Patricia was a Data Analytics Manager with the Department of Healthcare and Family Services. One of her responsibilities was managing the data extracts that were sent to managed care organizations for care coordination activities, which included working on a method to flag recipients that may have needed special care. While at IDPH, Patricia hopes to leverage this method and increase collaboration between agencies to further enhance the care provided to Medicaid recipients living with HIV/AIDS in Illinois.

Patricia began her career in HIV/AIDS related work while employed at Walgreens. Part of her time there was spent evaluating the impact of HIV specialized pharmacies on adherence to antiretroviral therapy. While at Walgreens, she was awarded an Investigator Sponsored Research grant from Gilead to study regional variation in adherence, persistence, and utilization of antiretroviral therapy. Patricia continued her HIV/AIDS work as a contracted epidemiologist with IDPH and CDPH working on HPTN 065, a study to evaluate the feasibility of an enhanced testing, linkage to care, and treatment approach for HIV prevention in the United States. Her work has been presented at conferences and in various journals, including JAIDS and AIDS Patient Care and STDs.

Patricia received her Masters of Public Health in Epidemiology from the University of Illinois, Chicago. She looks forward to working with everyone and joining the crusade of Getting to Zero.

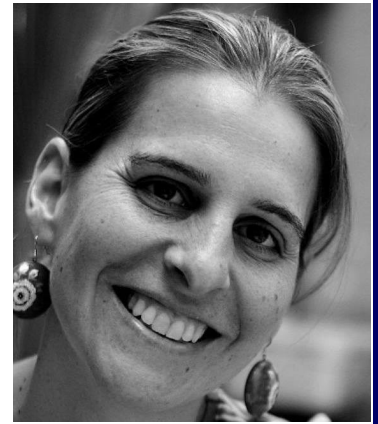


Submitted by Patricia Murphy, HIV Evaluation Administrator, Illinois Department of Public Health

IDPH STAFF PROFILE: LIVIA NAVON

Livia Navon has worked at the Illinois Department of Health (IDPH) in the Chicago office since January 2014. She moved to Chicago during the weekend of the polar vortex and had serious second thoughts about her decision. But, luckily, it was a good one and she has enjoyed working at IDPH for the past three years.

Prior to moving to Chicago for this position, Livia worked for the Institute of Medicine (IOM: part of the National Academies of Sciences) on a large scale evaluation of the President's Emergency Plan for AIDS Relief (PEPFAR) program—the federally-funded program that supports access to HIV care, prevention, and education in several countries. In that position, she had the opportunity to travel to seven PEPFAR-funded countries to learn about their response to the HIV epidemic. The position at the IOM was her introduction to working in the field of HIV. When this project was completed, Livia realized that she knew more about HIV in sub-Saharan Africa than in the United States and decided to learn more about the domestic HIV response. She was fortunate to be offered the position at IDPH as a CDC Career Epidemiology Field Officer in which she splits her time between the Office of Preparedness and the HIV Section doing very different types of activities for each program. However, she always tries to bring the use of data and evidence-based decision making to all aspects of her work.



In her role working as an epidemiologist at IDPH, Livia has focused on increasing the types of analyses conducted using HIV data and making the information accessible to different types of stakeholders. One of her first projects was to develop a set of HIV factsheets for different populations affected by HIV and on specific issues related to experiences of people living with HIV. Recently, she analyzed Illinois Youth Risk Behavioral Survey data from 2009–2015 which showed that increasingly, more high school students identify as part of sexual minority. Unfortunately, this group of students report higher frequency of high-risk behaviors compared to students who identify as heterosexual. In the future, Livia would like to look at the issue of antiviral resistance to better understand the situation in Illinois, especially now that people living with HIV disease are on treatment for longer periods of time.

Prior to her work in HIV, Livia worked as a communicable disease epidemiologist at a local health department in the DC area, a data analyst at the National Center for Health Statistics, an environmental epidemiologist at the Wisconsin Department of Health and for a very short stint as a hospital dietitian. Livia has a master's degree in Nutritional Epidemiology from Cornell University and a B.S. in Biochemistry from the University of Florida. Outside of work, Livia enjoys biking, swimming, yoga, community gardening and traveling overseas.

Livia's HIV related projects can be found at the following links:

- Factsheets: <http://www.dph.illinois.gov/diseases-and-conditions/HIV-Factsheets>
- Infographic about sexual minority youth: <http://www.dph.illinois.gov/sites/default/files/publications/LGB-Youth-Infographic-011116final-011817.pdf>

Submitted by Livia Navon, CDC Career Epidemiology Field Officer, Illinois Department of Public Health